U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Qu9 9	2. Fiscal Year Covered From:		
	0 / 0 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL E SPARROUGH.	Name FATE UNION of BRICKIA-YEARSH Allit D		
	Labor Organization File Number 000-034 CRA-Struverkaes		
P.O. Box, Bldg., Room No., if any Room 615	P.O. Box, Building and Room Number, if any Svith 608		
Street 1776 EyE STREET NW	Street 1776 Syf STREET NW		
City WASHING TON	City WASHINGTON		
State DC ZIP Code + 4 20006	State DC ZIP Code + 4 20006		
5. Position in labor organization. ASSISTANT TO THE FRESIDENT FOR PLANNING AND MANAGEMENT			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street N. Wilder and the street of the stree			
City City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
signed Manhall Sanarum	on 8/2/2005 202383-3260		
	Date Telephone Number		

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name USAA REALTY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1776 Syle STREHT NW City WASHINGTON State DC ZIP Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. OWNS Building in which UNION RENTS SPACE
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	Business Lunch with two MEMBERS OF USAA REALTY STAFF
	12.b. Amount. #25 Approx
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
Executed Sourced	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

Name of Person Filing	File Number	U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name THE KARMPER COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1900 & STRIFT NW City WASHINGTON State DC ZIP Code + 4 2000 6	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any:	KARMPTER purc Building From	hASED BUWEN UNION IN 2001	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dea	ling.	
City	12.a. Nature of interest held or income re		
State ZIP Code + 4	Business Lunch Connpany And s	with KAAAAPTER SIÇAL COMPANY	
	12.b. Amount.	\$25 Approx	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		77	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name TM ZE// PARTNES Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 850 Street 1900 & STRUET 1000 City WASHINGTON (State D.C., ZIP Code + 4 2000 6	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. REAL ESTATE CONSULT AND RELATED SERVICE SERVED AS CONSTRUCTION FOR NEW HEAD QUARTER 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received by For New E	BUILTMILLON
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	- 23 Myprox
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name BRICKAYERS ATRICE TRACES THE WASHINGTON Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1776 EYR STREET NW City WASHINGTON	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
State D	11 a Nature of cuch dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. PENSION FUND FUR RANK AND FILE MEMBERS	
P.O. Box, Bldg., Room No., if any		
City City City City City City City City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4 Zin	12.a. Nature of interest held or income received. Lodging Expenses for Attendin BOARd of TRUSTERS MERTING	
	12.b. Amount. # \$425	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
Exercise the second contraction of the secon	the state of the s	
State ZIP Code + 4		

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name THE SHAKES PEARE THEATRE Trade Name, if any:	9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any Street 450 740 STREET NU City UASHINGTON State DC ZIP Code + 4 20064-200	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. UNION PURCHASED LAND AND ENTERED INTO A SOINT CONDOMINION REGIME TO CONSTRUCT UNIONS HEADQUARTERS BUILDING 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. RECEIVED TOWN COMPLIMENTARY TICKEYS TO SHAKESPEARE THEATER PER FORMIMNCE
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. To Appear parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TM 3Ell PARTNERS Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Suith 850	b. Trust c. Employer
Street 1900 K STERRY NU) City WASHINGTON State DC 71P Code + 4 - 2000 Code	
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name	REAL ESTATE CONSULTING, BROKERAGE, AND RELATED SERVICES, ALSO SERVED AS CONSTRUCTION MANAGER FOR NEW HEADQUARTERS BUILDING
Trade Name, if any:	SERVED AS CONSTRUCTION MANAGER
P.O. Box, Bldg., Room No., if any	for NEW HEAdquARTERS BUILDING
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	2 TICKETS TO CHARITY FRANCES
	12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name BRICKIAYERS ATRUWE (TRASES TIVERNATIONAL TYRACH FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street TTG SYR STREET UW City WASHINGTON State D C ZIP Code + 4 2 00 0 6	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. HEAITH FIND FOR MANK AND FILE MEMBERS OF UNIDE		
P.O. Box, Bldg., Room No., if any	4(16 10181010162 01 0101010		
Street City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received. Attended BOARD of TRUSTERS MERTING & REIMBURSED FOR LUDGING EXPENSE		
	12.b. Amount. #377,40		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.		
Street City ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name JM ZE// PARTNERS	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1900 K STEERT NW	c. Employer
City WASHINGTON	
State DC ZIP Code + 4 2000 b	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	REAL ESTATE CONSULTING, BROKERAGE, AND RELATED SERVICES. ALSO SERVED
Trade Name, if any:	AS CONSTRUCTION MANAGER FOR
P.O. Box, Bldg., Room No., if any	AS CONSTRUCTION MANAGER FOR NEW HEADQUARTERS BUILDING
Street	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	CATERED DIWNER Affair following closing on 620 F STREET property location of NRW HEADquarters & Building.
	12.b. Amount. \$ 75 ADD TO K
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.
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Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	5	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	LABOR-MADNAGEMENT TRUST to Promote UNIONIZED MASONEY CONSTRUCTION And to train UNIONIZED MASONEY CRAffemen		
Street	11.b. Approximate dollar valu	o of such dealing	12 21/1/20
City	12.a. Nature of interest held	_	12,317,100
State ZIP Code + 4	Lodging And related expenses. Attend BOARD of TRUSTERS And Annual MENTING		
	12.b. Amount.		91156.93
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		77 110 110 110 110 110 110 110 110 110 1	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	de proposition de la constant de la		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
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